



Bath & North East
Somerset Council

Improving People's Lives

Strategic Evidence Base for Bath and North East Somerset Lifestyle

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Behavioural Risk
Factors

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Young People

Sexually Transmitted
Infections

Smoking Prevalence in
Children & Young
People

Alcohol – Adults

HIV

Smoking Prevalence in
Adults

Drug Misuse – Children
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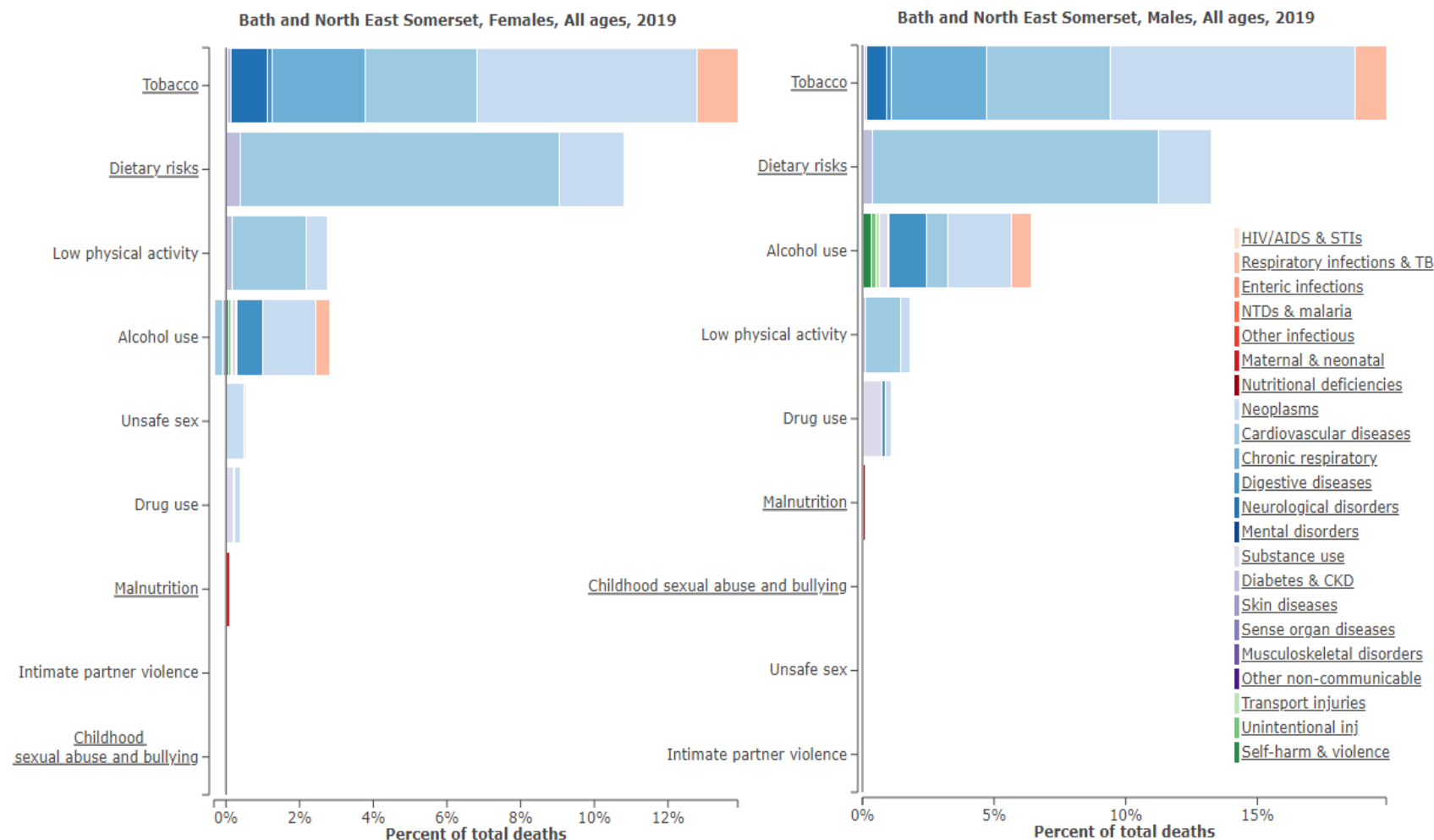
U18s Conceptions

Smoking at Time of
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Breastfeeding

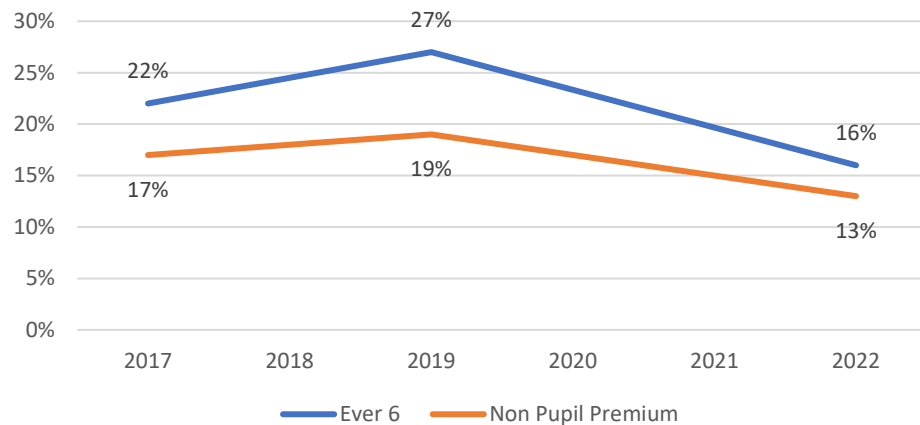
Behavioural Risk Factors



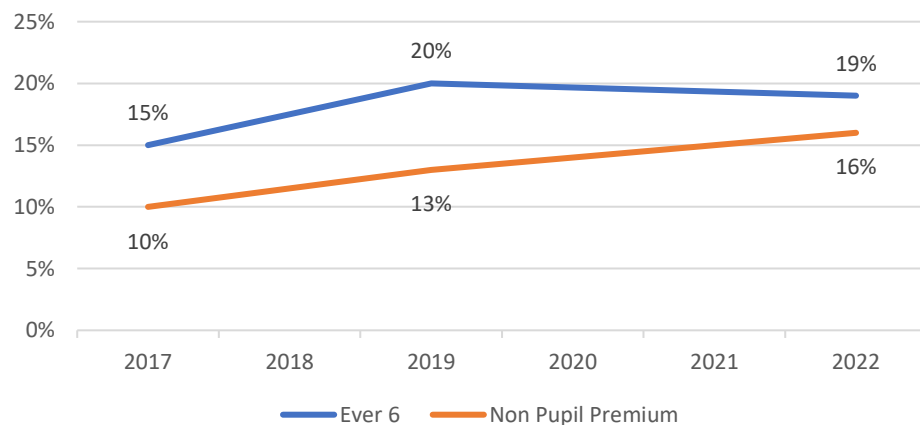
- Behavioural risk factors are those [lifestyle choices that pose a risk to health](#). These include, but are not limited to smoking, poor diet, harmful alcohol use, drug misuse, and physical inactivity. They are some of the most important causes of early death and disability in England.
- Behavioural risk factors [do not occur in isolation](#) and are interlinked with other wider determinates of health such as social, economic and environmental factors. Together they contribute to some of the widest health inequalities in England are not a product of individual choice alone.
- The chart to the left is a visualisation of how behavioural risk factors contribute to the percentage of deaths in males and females in B&NES. The top four risk factors for both are tobacco use, dietary risks, alcohol use and low physical activity.

Smoking Prevalence in Children & Young People

B&NES: Year 8 & 10 pupils who have tried smoking or currently smoke



B&NES: Year 8 & 10 pupils who have used an e-cigarette at least once



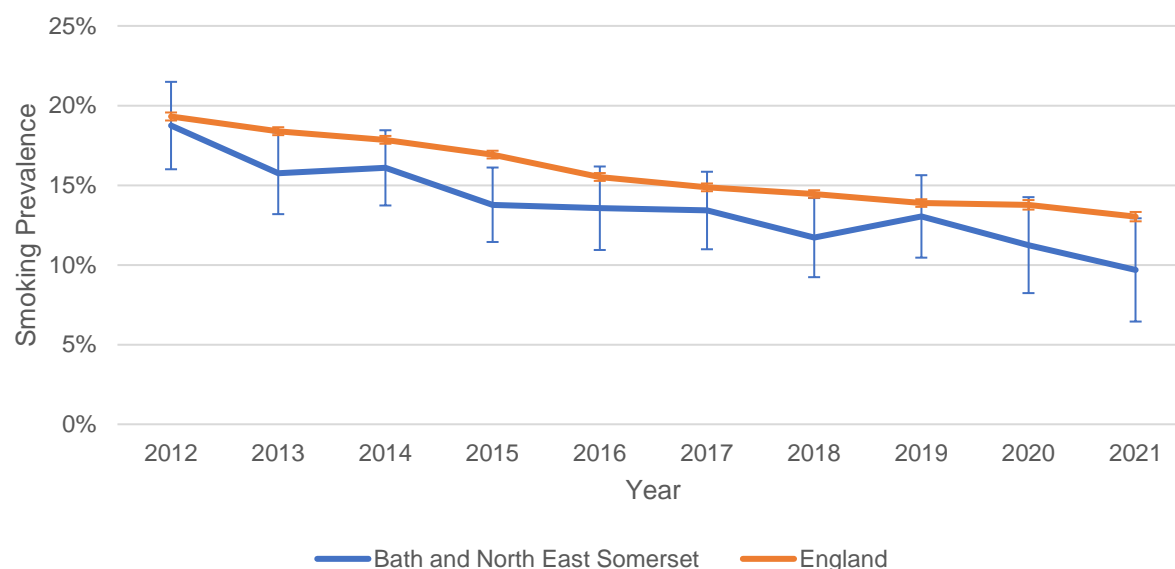
- [Most smokers start smoking and become addicted to nicotine when they are still children.](#) Those whose parents or siblings smoke are around **three times more likely** to smoke than children living in non-smoking households. Children who start smoking at the youngest ages are more likely to smoke heavily and find it harder to give up. These smokers are at the greatest risk of developing smoking related diseases. Although **e-cigarette use (vaping)** poses [a small fraction of the risks of smoking](#), vaping is not risk-free, particularly for those who have never smoked.
- In [2021, nationally 12% of 11-15 year old pupils had ever smoked, down from 16% in 2018](#). This continues the **steady decline** since 1996 when 49% of pupils had smoked at least once. In 2021, 3% of pupils were classified as current smokers, a fall from 5% in 2018 and again continues the general decline since 1996 when 22% of pupils were current smokers. The proportion of pupils who have ever smoked increases with age; from 2% of 11 year olds to 25% of 15 year olds in 2021. Current **e-cigarette use (vaping)** increased from 6% in 2018 to 9% in 2021 with 21% of 15-year old girls classified as current e-cigarette users.
- In the 2022 B&NES Child Health and Wellbeing survey, **23%** of Year 10 school pupils and **14%** of combined Year 8 and Year 10 pupils responded that they have **tried smoking in the past or smoke now**, a **reduction** from 31% (Year 10) and 21% (Year 8 & 10 combined) in 2019. 3% of year 10 pupils responded that they usually smoke at least one cigarette a week, a fall from 5% in 2019. In 2022, 27% of Year 8 & 10 pupils responded they have used an **e-cigarette** at least once, similar to the 26% reported in 2019. 10% of year 10 male and female pupils reported they regularly (once a week or more) use e-cigarettes.
- Ever 6 Free School Meals Pupils** gives us an indication of children from lower income households. As we can see in the chart, in 2022, the gap between the percentage of Ever 6 and Non pupil premium pupils who have tried smoking or currently smoke has decreased (16% vs 13%). Although the percentage of Ever 6 pupils who have used an e-cigarette at least once is still significantly higher than the percentage of Non pupil premium pupils in 2022, this gap has also decreased compared to previous time periods.

Definition: Ever 6 Pupil Premium: Schools receive Pupil Premium funding to support the learning of pupils who are entitled to Free School Meals (FSM). This funding continues for a further 6 years, even if the child is no longer entitled to receive free school meals.

Source: B&NES Internal Analysis (2022) *Child Health & Wellbeing Survey*. **Note:** The 2021 survey was delayed until 2022 due to the Covid-19 pandemic. The surveys were conducted in Feb/March 2022 (Secondary) and June/July 2022 (Primary).

Smoking Prevalence in Adults

Smoking Prevalence in Adults (18+)

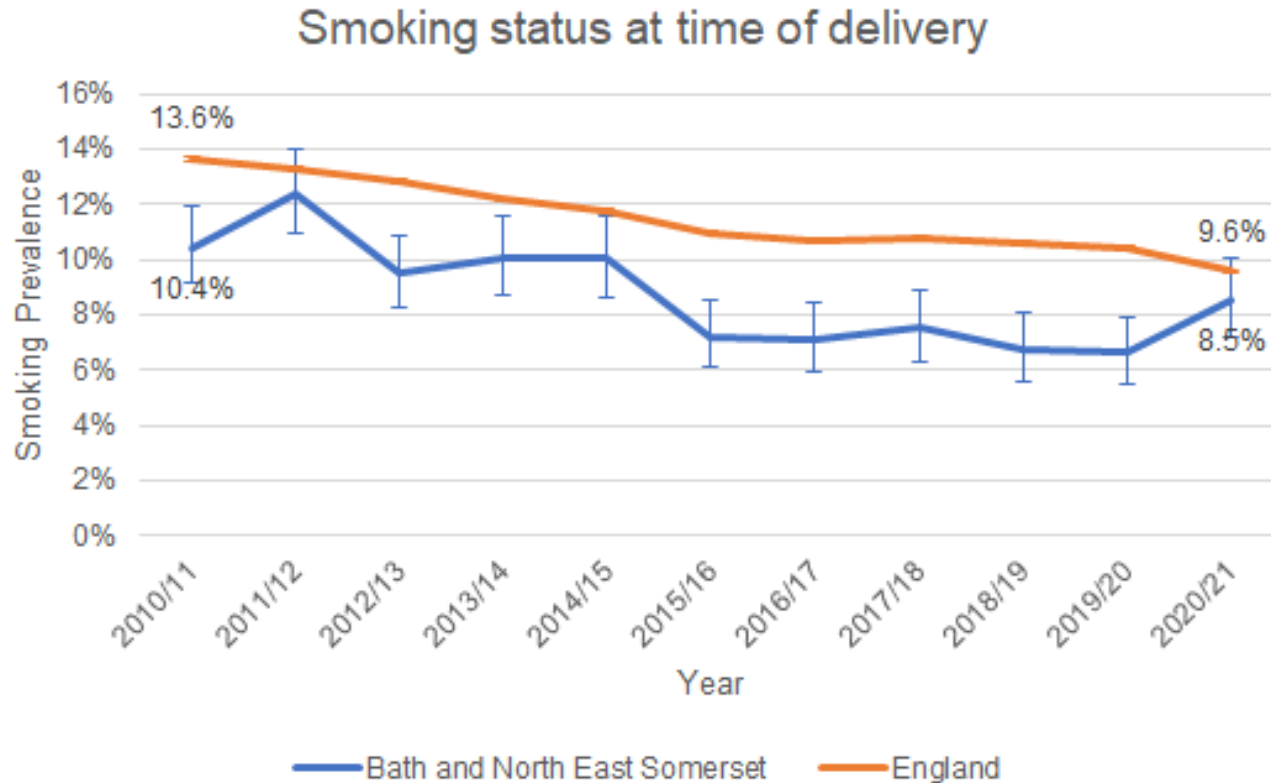


- Smoking remains the **single largest cause of preventable deaths** and one of the [largest causes of health inequalities in England](#). More than 200 people a day die from smoking related illness which could have been prevented. As well as dying prematurely, smokers also suffer many years in poor health. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer and make it difficult to carry out day to day tasks and engage with society.
- Adult smoking prevalence has been **decreasing year on year** in England. Prevalence in B&NES has followed a similar trend at a generally lower rate compared to the national rate.
- In 2021, smoking prevalence in B&NES was estimated to stand at **9.7% of the population**. This equates to ~18,700 people. This is significantly lower than the national rate (13.0%). 9.9% of men in B&NES smoke compared to 9.5% of women.
- In 2020 in B&NES, workers in routine and manual occupations were the employment group most likely to smoke with 20.7% being smokers. This is lower than the comparable England rate (24.5%). This figure has stayed relatively stable in B&NES over previous years but has recently seen a downwards trend.
- In 2021 in B&NES, adults living in rented accommodation were the most likely accommodation groups to smoke with 27.9% of those renting privately being smokers and 23.0% of those renting from the local authority or housing association being smokers.

Definition: Prevalence of smoking among persons 18 years and over using data from the Annual Population Survey.

Source: OHID: [Local Authority Health Profiles](#)

Smoking at Time of Delivery



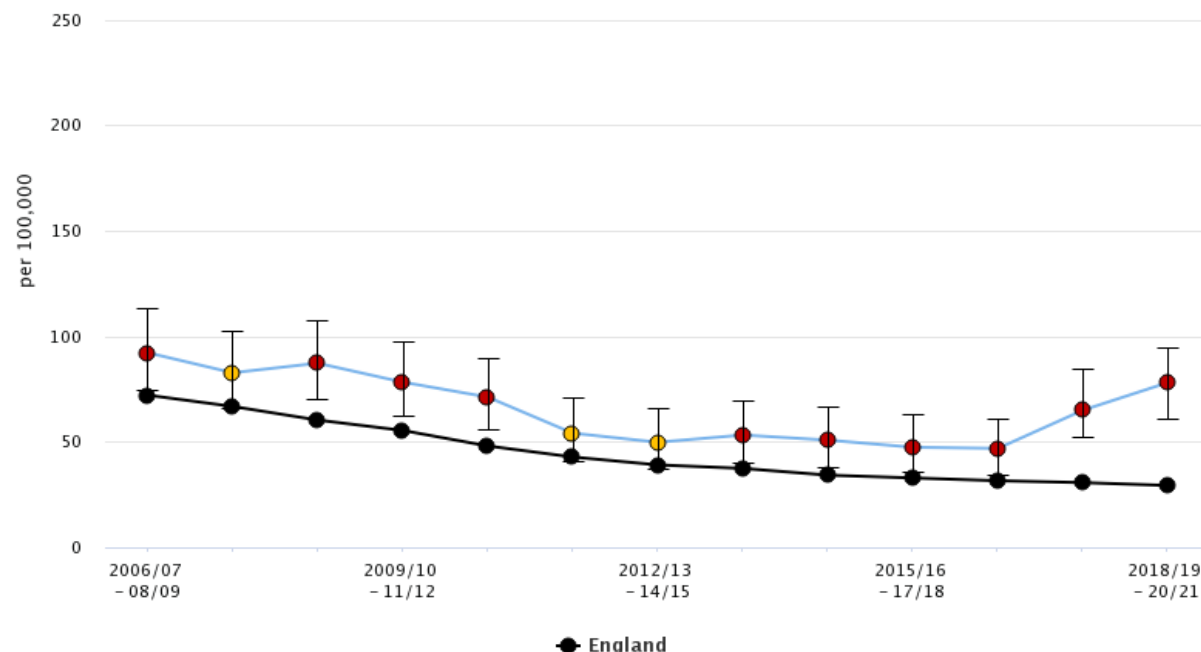
- Smoking during pregnancy [increases the risk of stillbirth](#), and babies born to mothers who smoke are more likely to be born with low birthweight, born prematurely with the associated risks, develop asthma, chest infections, [glue ear](#) and learning difficulties.
- Maternal smoking after birth is associated with a threefold increase in the risk of **sudden infant death**.
- Pregnant women smoking at time of delivery has been **decreasing year on year** in England. Prevalence in B&NES has followed a similar trend at a generally lower rate compared to the national rate.
- Pregnant women smoking at time of delivery in B&NES in 2020/21 was estimated to stand at 8.5% of mothers. This equates to ~130 women. Contrary to the existing trend, this figure is an increase of 1.9 percentage points compared to 2019/20.

Definition: The number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status. 2010/11 – 2020/21

Source: OHID (2021), *Child & Maternal Health Profile*, available from: <https://fingertips.phe.org.uk/profile/child-health-profiles/>

Alcohol – Children & Young People

Admission episodes for alcohol-specific conditions – Under 18s (Persons) for Bath and North East Somerset



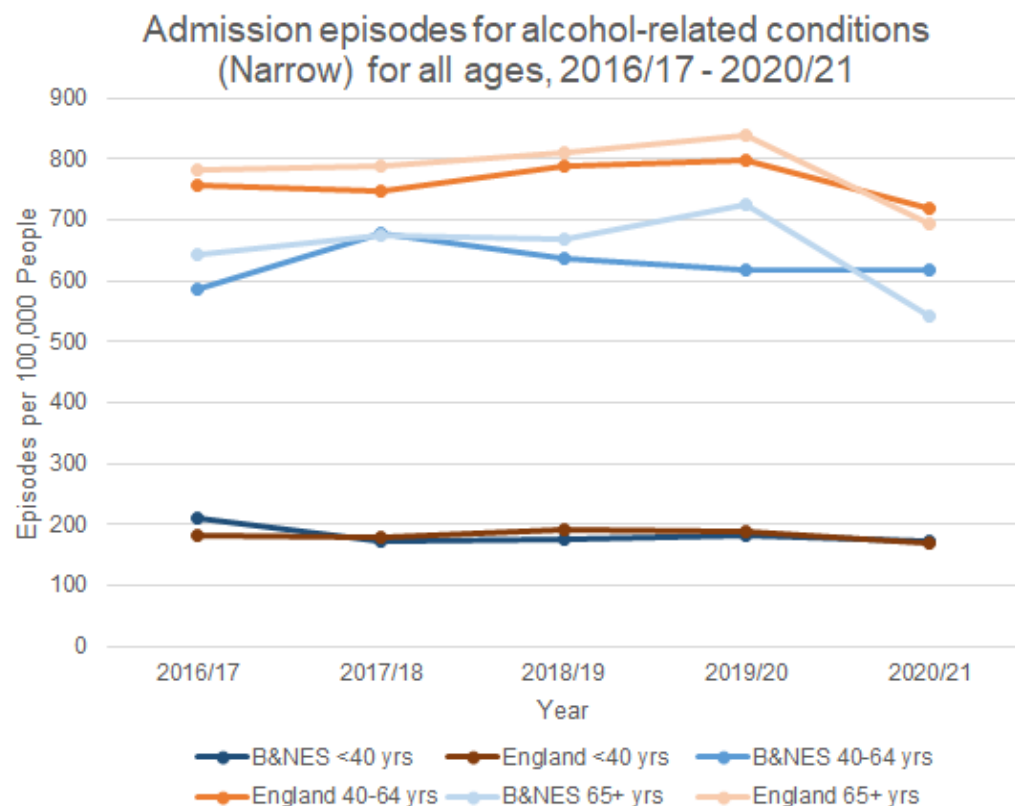
Definitions: Admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Crude rate per 100,000 population.

Source: OHID (2021), *Local Alcohol Profiles*, available from: [Local Alcohol Profiles](#)

B&NES Internal Analysis (2022) *Child Health & Wellbeing Survey*. **Note:** The 2021 survey was delayed until 2022 due to the Covid-19 pandemic. The surveys were conducted in Feb/March 2022 (Secondary) and June/July 2022 (Primary).

- Drinking at a young age, and particularly heavy or regular drinking, can result in [physical or mental health problems](#), impair brain development, and put children at risk of alcohol-related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour, and unsafe sexual behaviour.
- In 2021, [nationally 40% of 11-15 year old pupils said they had ever had an alcoholic drink](#), compared to 44% in 2018. Prevalence of having ever had an alcoholic drink was 39% for boys and 42% for girls. Prevalence **increases with age** with 13% of 11 year olds having ever had an alcoholic drink, rising to 65% of 15 year olds. **21% of 15 year olds** reported having been **drunk in the last 4 weeks**.
- In the 2022 B&NES Child Health and Wellbeing survey, **45% of combined Year 8 and Year 10 pupils had ever drunk alcohol** (43% male, 46% female), a fall from 49% in 2019. As seen nationally, prevalence **increases with age** with 25% of Year 8 pupils (age 12-13) having ever drunk alcohol and 65% of year 10 pupils (age 14-15) having ever drunk alcohol. 10% of combined Year 8 and 10 pupils reported being **drunk in the last 4 weeks** (8% male, 11% female), with this figure rising to **18% of Year 10 pupils being drunk in the last 4 weeks**.
 - 25% of combined Year 8 and 10 pupils reported drinking in the last 4 weeks (23% male, 27% female). Patterns of drinking in B&NES were similar between males and females, and a greater proportion of older teenagers (13%) (Year 10) drink alcohol at least once a week compared to younger teenagers (2%) (Year 8).
- B&NES has the [highest rate of admission episodes](#) for alcohol specific conditions for under 18's in the South West region and the **4th highest rate in England**. There were 85 admissions during the period 2018/19 to 2020/21, this equates to an overall rate in B&NES of 78.1 per 100,000. Overall admission rates have shown a **sharp increase** since the 2016/17 to 2018/19 period.
- During the 2018/2019 to 2020/21 period the rate is [53.3 per 100,000 people for U18 males](#) (30 admissions), compared to the regional figure of 33.8 and the national figure of 22.8; **for U18 females the rate is significantly higher at 104.6 per 100,000 (55 admissions)** compared to the regional figure of 59.0 and the national figure of 36.1.

Alcohol – Adults



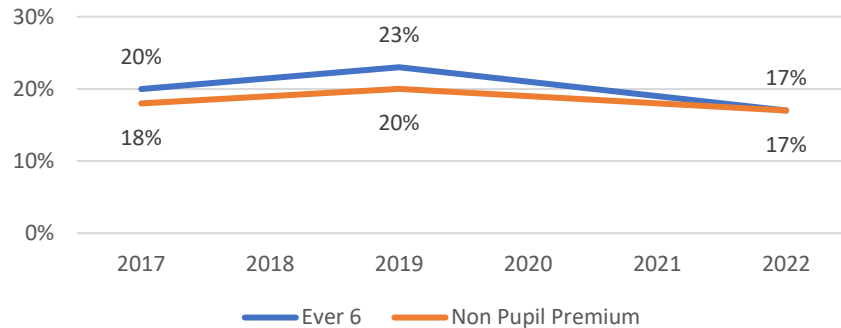
Definitions: Admissions to hospital for different age groups where the primary diagnosis is an alcohol-attributable code. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission. Directly age standardised rate per 100,000 population.

Source: OHID (2021), *Local Alcohol Profiles*, available from: [Local Alcohol Profiles](#)

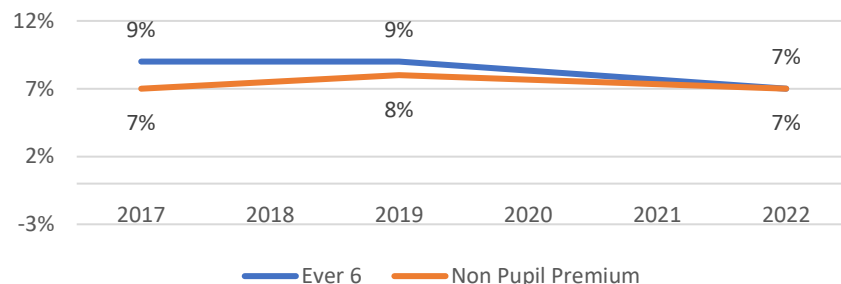
- The World Health Organization (WHO) places [alcohol as the third biggest global risk for burden of disease](#), and alcohol is identified as a causal factor in more than 60 medical conditions, as well as some cancers including breast, throat and liver. The risk of alcohol-related harm increases with the amount drunk on a regular basis. Short-term health risks include accidents and injuries, and alcohol-related hospital admissions continue to increase.
- In B&NES, alcohol admissions for under 40's is similar to the England rate with 174 per 100,000 (171 admissions) compared to 171 per 100,000 in 2020/21. For those age 40-64 and 65+, B&NES has significantly fewer admissions compared to the national rate. In 2020/21 the B&NES rate for 40-64 year olds was 617 per 100,000 (354 admissions) compared to 719 per 100,000 for England. The B&NES rate for over 65s was 544 per 100,000 (199 admissions) compared to 692 per 100,000 for England.
- For both the 40-64 and 65+ age groups, **males are significantly more likely to be admitted to hospital** due to an alcohol related injury or illness than females. In the under 40's, females have a [higher rate](#) of alcohol admissions compared to males (180.7 vs 166.8 per 100,000).
- At a national level, during [the Covid-19 pandemic alcohol-specific deaths](#) increased by 20% in 2020 (from 5,819 in 2019 to 6,983). Alcoholic liver disease is the third leading cause of premature death and there was a rapid increase in the number of alcoholic liver deaths, rising by 21% between 2019 and 2020, compared to a rise of 3% between 2018 and 2019. For B&NES the under 75's mortality rate from alcoholic liver disease for 2020 is lower than the England rate at 6.3 per 100,000 (10 deaths) compared to 10.8 per 100,000.

Drug Misuse in CYP

B&NES: Year 8 & 10 pupils who have been offered cannabis



B&NES: Year 8 & 10 pupils who have taken some form of illegal drugs/new psychotic substances

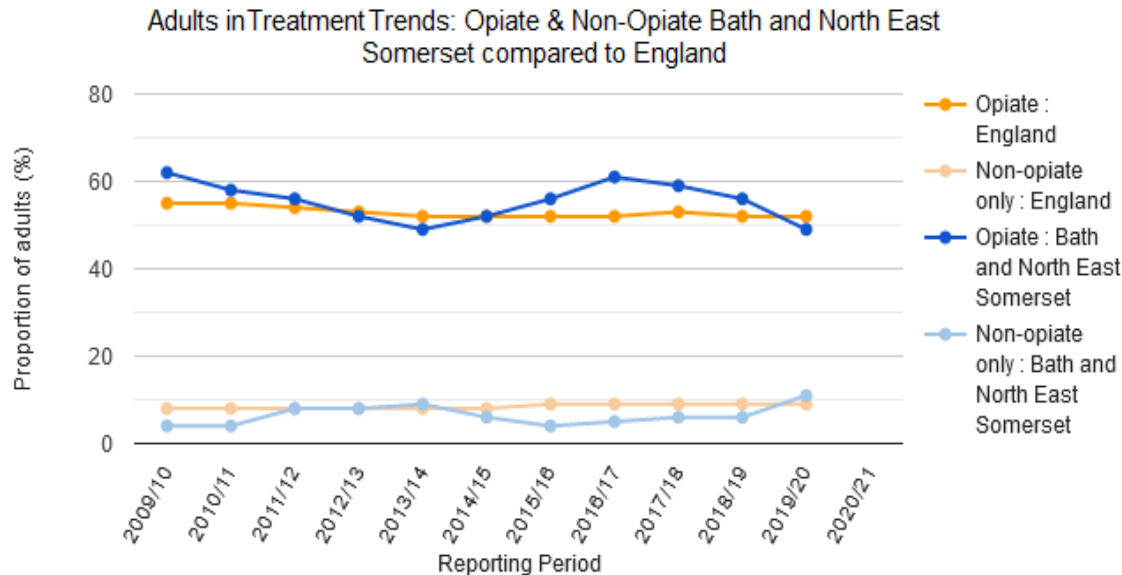


Definition: Ever 6 Pupil Premium: Schools receive Pupil Premium funding to support the learning of pupils who are entitled to Free School Meals (FSM). This funding continues for a further 6 years, even if the child is no longer entitled to receive free school meals.

Source: B&NES Internal Analysis (2022) *Child Health & Wellbeing Survey*. **Note:** The 2021 survey was delayed until 2022 due to the Covid-19 pandemic. The surveys were conducted in Feb/March 2022 (Secondary) and June/July 2022 (Primary).

- [Drug use by young people risks worse immediate and long-term outcomes](#), including health, educational attainment and involvement in criminal activity. Young people at [higher risk of using and experiencing harm](#) from drugs include those taken into care, those with untreated mental health issues, those involved with gangs and those whose parents use drugs among other factors. [County lines](#) models of drug distribution is especially problematic as they often use and exploit young people.
- In 2021, [nationally there was a fall in prevalence of lifetime and recent illicit drug use with 18% of 11-15 year old pupils reporting they had ever taken drugs](#) compared to 24% in 2018. 12% reported they had taken drugs in the last year (17% in 2018) and 6% in the last month (9% in 2018). Cannabis remained the drug most likely to have been taken.
- In 2022, the B&NES Child Health and Wellbeing survey asked a series of questions around the availability and use of drugs. Below are some of the findings. Where relevant there is a comparison between Ever 6 free school meal pupils which is used as a proxy measure for low income families, and non pupil premium pupils. Results are for Year 8 and Year 10 pupils combined.
 - 17% stated that they had been offered cannabis before, a fall from 21% in 2019. This figure was the same (17%) for both Ever 6 free school meal pupils and non-pupil premium pupils, showing a greater reduction for the Ever 6 pupils (from 23% in 2019).
 - 12% stated that they had been offered other illegal drugs or new psychoactive substances, which was slightly higher for Ever 6 free school meal pupils at 13%.
 - 7% of pupils responded that they had ever taken illegal drugs or new psychoactive substances, a slight reduction from 8% in 2019 and 2017. For Ever 6 free school meals pupils this figure was also 7% (a reduction from 9% in 2019 and 2017).
 - When questioned about which drugs they had taken in the last year the majority had taken cannabis (6%), followed by Nitrous Oxide (laughing gas) (2%).
 - Ever 6 free school meal pupils were slightly less likely to talk to a parent or carer if they needed support about problems with alcohol or drugs with 61% stating they would do so compared to 63% of non-pupil premium pupils.
- In 2021/22, [the number of young people \(<18\) in contact with alcohol and drug services](#) in B&NES returned to near pre-pandemic levels (140 in treatment in 2021/22 compared with 160 in 2019/20).

Drug Misuse in Adults



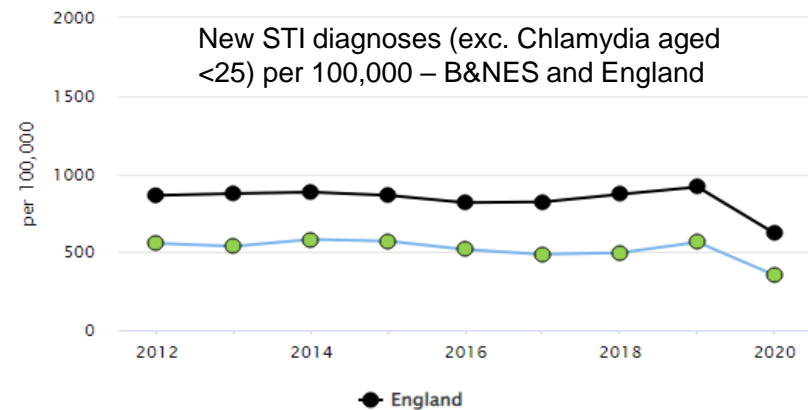
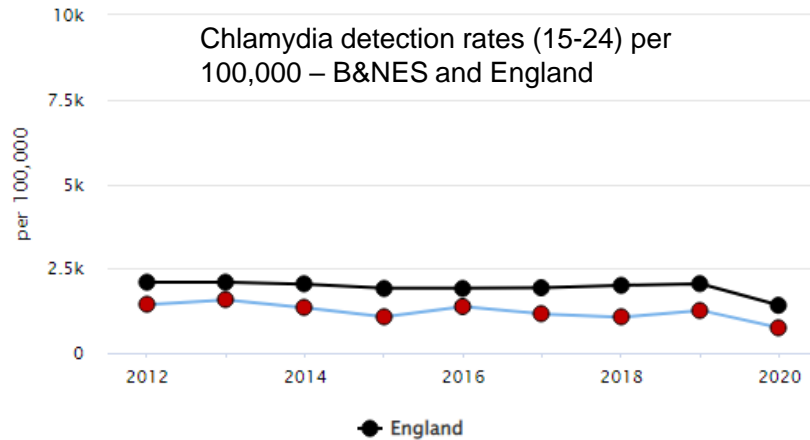
Source: NDTMS (2021), *Adult profiles: Adults in treatment*, available from [NDTMS](#)

Definitions: opioids are a broad group of pain-relieving drugs that work by interacting with opioid receptors in cells.

Opioids can be made from the poppy plant — for example, morphine - or synthesized in a laboratory - for example, fentanyl. **Non-opioids**, examples include acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen.

- Drug misuse refers to both the [misuse of illegal and legal drugs](#). Depending on the drugs involved and the extent of the exposure, drug misuse can result in serious health issues including problems with breathing, an increased heart rate and higher blood pressure. Extended use of drugs can cause serious brain damage, psychological problems and lung disease. Substance dependence also increases an individual's risk of a range of negative outcomes such as unintentional injuries, accidents, mental health issues, the risk of domestic violence, medical problems, and death.
- It is not possible to count the number of people misusing drugs and it is a difficult & resource hungry undertaking to create reliable estimates of prevalence. The [latest available estimated prevalence](#) for opiate and/or crack cocaine use is **8.8 per 1,000 people in B&NES** (aged 15-64, 2016/17), or 1,073 people, compared to 8.9 per 1,000 people in England.
- Although there is no data on inequalities at a local level, we know from [England level data](#) that the most deprived areas have a higher prevalence of opiate and/or crack cocaine use than the least deprived areas.
- The majority of [locally available data](#) on drug misuse comes from specialist treatment services. In B&NES in 2020/21 there were **778 people who received treatment** through these local services. This is a rate of 4.9 per 1,000 which is similar to the England rate of 4.5 per 1,000.
- Of the adults in contact with B&NES substance misuse services during 2020/21, 47% were seeking treatment for opiate use and 13% were seeking help for non-opiate use. The chart to left shows the trends in B&NES compared to England where the 2020/21 figures were 51% and 10% respectively.
- In 2020, [3% of opiate users](#) (16 people) successfully completed drug treatment in B&NES compared to 5% of people in England. This is significantly lower than the England value and continues a **decline seen in B&NES** since 2016.
- In 2020, for [non opiate users](#) 32% (80 people) successfully completed drug treatment in B&NES compared to 33% of people in England. This is similar to the England value and an improvement on the previous years value of 19%.

Sexually Transmitted Infections (STIs)

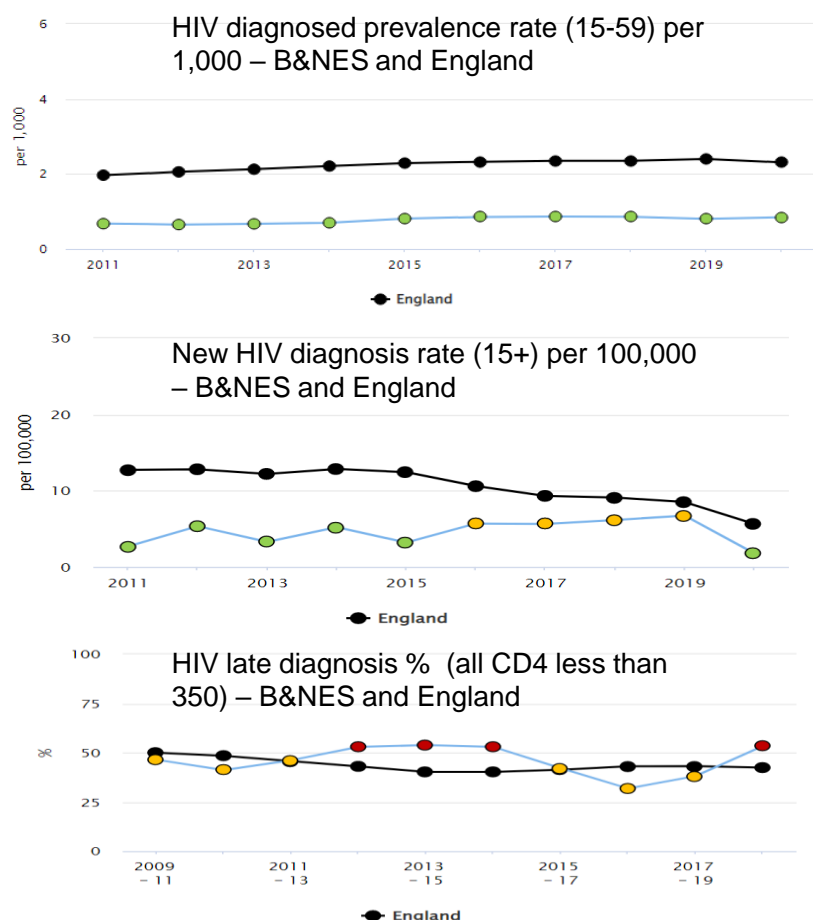


- **Chlamydia detection rates** per 100,000 (ages 15-24) in B&NES have been **significantly worse** than the England rate every year since 2012, reaching their **lowest level in 2020 at 742 per 100,000**.
- **New STI diagnoses (excluding Chlamydia aged <25)** per 100,000 in B&NES have consistently been **significantly better** than the England rate since 2012, reaching their **lowest level in 2020 at 353 per 100,000**.
- Whilst B&NES has low rates of [diagnosed HIV](#), [Syphilis](#) and [Gonorrhoea](#), it has high figures for late diagnosis of [HIV](#) and low HPV vaccination coverage.
- The [ONS reports](#) that diagnoses of sexually transmitted infections (STIs) decreased nationally in 2020 by 32% compared to 2019. This has been attributed to a combination of reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the coronavirus (COVID-19) pandemic.
- As in previous years, in 2020 the highest rates of STI diagnoses nationally were still seen in young people 15 to 24 years; people of Black ethnicity; and gay, bisexual and other men who have sex with men (MSM).

Sources:

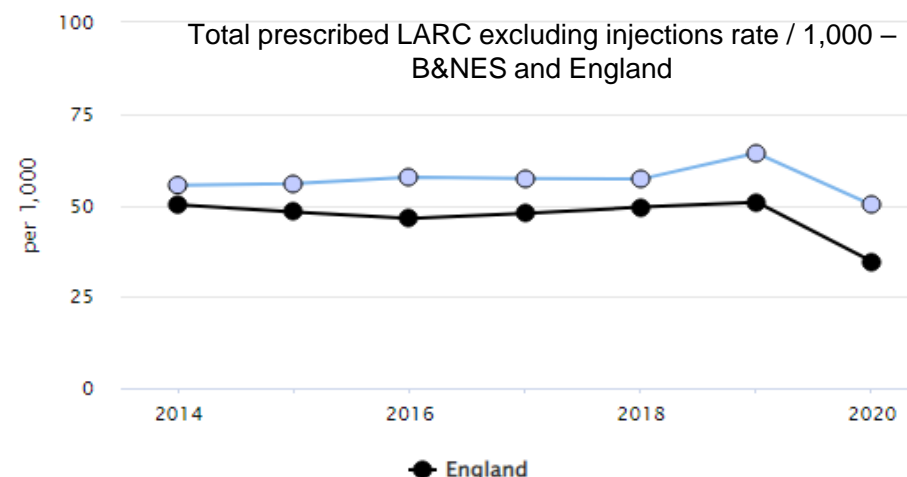
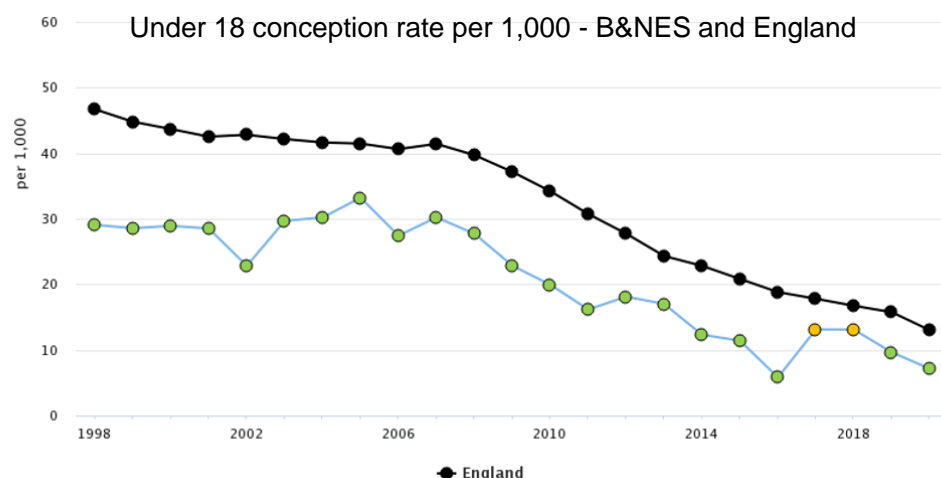
- Chlamydia detection rate: [Office for Health Improvement and Disparities – Fingertips public health data](#)
- New STI diagnoses (exc. Chlamydia): [Office for Health Improvement and Disparities – Fingertips public health data](#)

Human Immunodeficiency Virus (HIV)



- The **HIV diagnosed prevalence rate** per 1,000 aged 15 to 59 in B&NES was **0.85** as of 2020. This was **significantly lower** than the South West and England rates (1.31 and 2.31 respectively) and has been since 2011.
- The **New HIV diagnosis rate** per 100,000 aged 15+ in B&NES was **1.8** as of 2020. This was **significantly lower** than the South West and England rates (3.5 and 5.7 respectively) for the first time since 2015.
- The **% of late HIV diagnoses** (all CD4 less than 350) in B&NES was **53.3%** for 2018-2020. This was **significantly higher** than the South West and England rates (43.3% and 42.4% respectively). This is the highest rate recorded in B&NES since 2013-2015.
- The [UKHSA reports](#) that **Covid 19** has significantly impacted HIV testing, diagnosis and quality of care. The number of **people testing for HIV fell by 30% in 2020**, and fewer people accessed HIV care. An estimated 5,000 to 9,000 people with diagnosed HIV infection were not seen for care in 2020.
- Among **gay and bisexual men**, the number of HIV diagnoses first made in England **decreased by 41%** in 2020 – given the small decline in testing and availability of [PrEP \(pre-exposure prophylaxis\)](#) the fall in diagnoses in gay and bisexual men suggests a continued year-on-year reduction in transmission in this group.
- There was also a **23% decrease** in people who probably acquired HIV through **heterosexual contact** over the same timescale, though it is likely that much of the observed decline in diagnoses in this group was **due to reduced testing** rather than evidence of reduced transmission. Rates of late diagnosis are also higher in heterosexual men and women.
- A **local PrEP service** was introduced in B&NES in October 2020. It shows a steady level of initiations (education and support to administer PrEP) and increasing follow-up activity (monitoring, supply and management of side-effects). In Q3 2021/22, there were **22 initiations** and **30 follow-ups** recorded.

Under 18s Conceptions

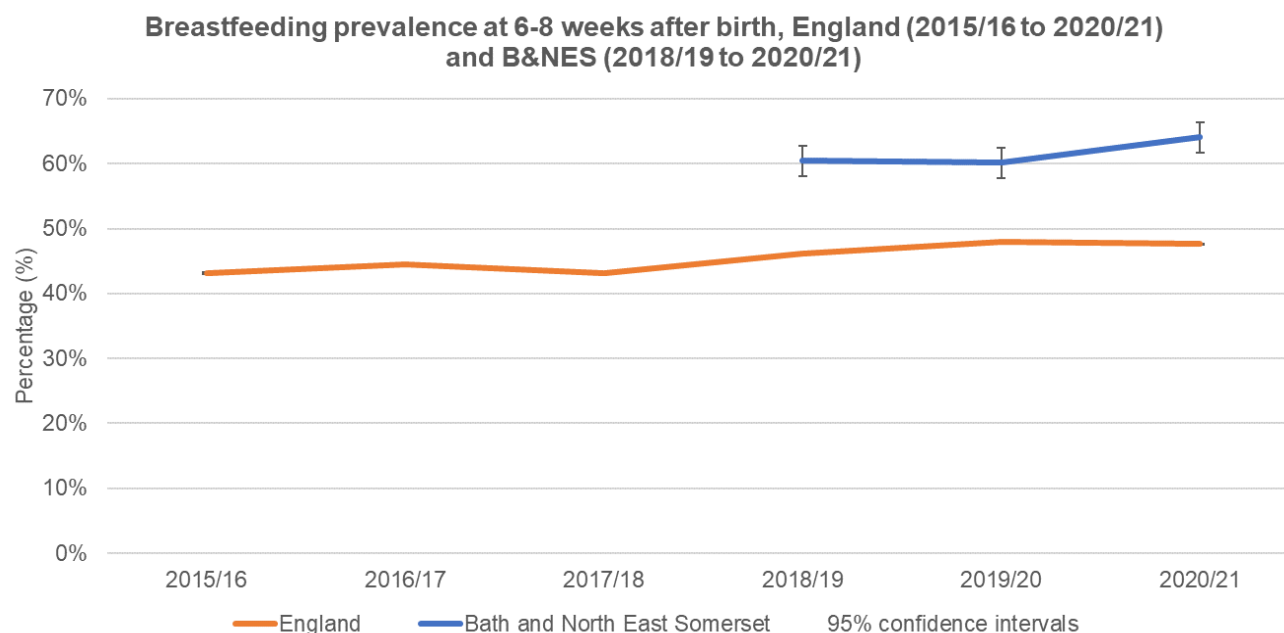


- The **under-18 conception rate** per 1,000 in B&NES has been significantly **better** than the England rate every year since 2012 (excluding 2017 & 2018) and was **7.1 per 1,000 in 2020**. Rates have been steadily falling nationally since the late 90's. This is considered a proxy measure for good access to contraception.
- The total **prescribed LARC (Long-Acting Reversible Contraception) excluding injections rate** per 1,000 in B&NES has been **significantly higher** than the England rate every year since 2014 and was **50.1 per 1,000 in 2020**.
- [Research](#) has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, more likely to bring up their child alone and in poverty and have a higher risk of mental health problems.
- A recent [study](#) has related declining rates of teenage pregnancies in England to local areas experiencing less youth unemployment, growing Black or South Asian teenage populations, more educational attainment, unaffordable housing, and a lack of available social housing.

Sources:

- Under 18 conception rate per 1,000: [Office for Health Improvement and Disparities – Fingertips public health data](#)
- Total prescribed LARC excluding injections rate per 1,000: [Office for Health Improvement and Disparities – Fingertips public health data](#)

Breastfeeding (6-8 weeks)



- A review of existing studies published in [The Lancet](#) in 2016 highlights the **benefits of breastfeeding for the child**, including protection against child infections and malocclusion (misaligned teeth), increases in intelligence, and probable reductions in overweight and diabetes (although there were also associations found with allergic disorders such as asthma or with blood pressure or cholesterol, and there was an increase in tooth decay with longer periods of breastfeeding). There are also **benefits for nursing women**, including protection against breast cancer, improved birth spacing, and it may also protect against ovarian cancer and type 2 diabetes.
- During 2020/21 in **B&NES 64%** of infants at 6-8 weeks were totally or partially breastfed, which is **significantly higher** compared to England (48%).
- A recent [study](#) highlighted that inequalities exist in maintaining breastfeeding - "*Among mothers breastfeeding at 1 week, those who were **younger, White or had fewer years of full-time education** were at greatest risk of discontinuing before 6 weeks. This risk persisted over time and was independent of their high risk of not initiating breastfeeding.*"

Definition: This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.

Source: OHID (2022), *Child & Maternal Health*, available from: <https://fingertips.phe.org.uk/profile/child-health-profiles>

Note on missing data: Data for B&NES during the period 2015/16 to 2017/18 is missing due to data collection methods having changed from October 2015, when this data has been obtained via interim reporting arrangements to collect health visiting activity at a local authority resident level. The collection of 6 to 8 week breastfeeding data moved to Public Health England from October 2015. Between 2015/16 and 2017/18 the data for B&NES did not meet the publication threshold(s) for validation.